



**PERSONAL AUTHORIZATION FOR  
CRIMINAL HISTORY RECORD INFORMATION**  
OFFICE OF ATTORNEY GENERAL  
BUREAU OF CRIMINAL INVESTIGATION  
SFN 51156 (9/05)

Name of Authorized Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pursuant to North Dakota Century Code 12-60-16.8, I hereby authorize the North Dakota Bureau of Criminal Investigation to release a copy of my criminal history record to the above party, provided; however, that the Bureau may release only that information pertaining to reportable events occurring within the past three years and information regarding any conviction.

\_\_\_\_\_  
Applicants Name (Please Print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This form should accompany the Non-Criminal Justice Request for Criminal History Record Information. Both forms should be forwarded to the following address:

North Dakota Bureau of Criminal Investigation  
Criminal Records Section  
4205 State Street  
PO Box 1054  
Bismarck ND 58502-1054  
(701) 328-5500